STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 01		COMPLETED	
155298		B. WING		04/17/2013	
				ADDRESS, CITY, STATE, ZIP CODE	1
NAME OF P	PROVIDER OR SUPPLIE	K	OWNSHIP LINE RD		
PYRAMII	D POINT POST-AC	CUTE REHABILITATION CENTER	INDIAN	IAPOLIS, IN 46260	
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
K010000					
	A Life Safety C	ode Recertification and	K010000		
	1		K010000		
		Survey was conducted by			
		e Department of Health in			
	accordance with	n 42 CFR 483.70(a).			
	Survey Date: 0	A/17/13			
	Survey Date. 0	4/17/13			
	Facility Number	r: 000195			
	Provider Numbe	er: 155298			
	AIM Number:	100267690			
	Surveyor: Phill	ip Komsiski, Life Safety			
	Code Specialist	_			
	At this Life Safe	ety Code survey, Pyramid			
		te Rehabilitation Center			
		n compliance with			
		or Participation in			
	•	•			
		FR Subpart 483.70(a),			
	_	n Fire and the 2000 edition			
	of the National				
	`	FPA) 101, Life Safety			
	Code, (LSC), C	hapter 19, Existing Health			
	Care Occupanci	ies and 410 IAC 16.2.			
	771 · .1	1 1111			
		building was determined			
	J 1	(222) construction and			
		tlered. The facility has a			
	fire alarm syster	m with smoke detection in			
	the corridors, in	spaces open to the			
	corridors and ba	attery powered smoke			
		resident rooms. The			
		-			
LABORATOR	Y DIRECTOR'S OR PRO	OVIDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/30/2013 FORM APPROVED OMB NO. 0938-0391

	of correction identification number: 155298	(X2) MULTIPLE CC A. BUILDING B. WING	01	COMPLETED 04/17/2013
	PROVIDER OR SUPPLIER D POINT POST-ACUTE REHABILITATION CENTER	8530 T	ADDRESS, CITY, STATE, ZIP CODE OWNSHIP LINE RD IAPOLIS, IN 46260	-
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	facility has a capacity of 135 and had a census of 81 at the time of this survey.			
	All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the two detached buildings. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/23/19. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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Event ID: FKKX21

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155298 3. WING	STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	LIER/CLIA (X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
NAME OF PROVIDER OR SUPPLIER PYRAMID POINT POST-ACUTE REHABILITATION CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) K010056 SS=D K010056 SS=D LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	. NULL DD. ICO		COMPL	ETED	
NAME OF PROVIDER OR SUPPLIER PYRAMID POINT POST-ACUTE REHABILITATION CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) K010056 NFPA 101 SS=D LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is	155298		155298	A. BUILDING		04/17/	2013	
PYRAMID POINT POST-ACUTE REHABILITATION CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K010056 NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is				B. WIN		DDDEGG CITY CTATE ZID CODE		
PYRAMID POINT POST-ACUTE REHABILITATION CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K010056 SS=D K10 PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE (X5) COMPLETION DATE (X5) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG PREFIX TAG PROVIDERS PLAN OF CORRECTION COMPLETION DATE COMPLETIO	NAME OF PROVIDER OR SUPPLIER							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K010056 SS=D LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is	DVDAMID DOINT DOCT ACUTE DELIABILITATION CENTED							
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K010056 SS=D K101056 SS=D If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is	PYRAWIL	POINT POST-AC	UTE REHABILITATION CENTER		INDIAN	APOLIS, IN 46260		
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) KO10056 SS=D LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is	(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) K010056 NFPA 101 SS=D LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		TE	COMPLETION
SS=D LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is	K010056							
installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is	SS=D	LIFE SAFETY CO	DDE STANDARD					
Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is								
Systems, to provide complete coverage for all portions of the building. The system is								
all portions of the building. The system is			•					
		•						
		•						
NFPA 25, Standard for the Inspection,								
Testing, and Maintenance of Water-Based								
Fire Protection Systems. It is fully		•						
supervised. There is a reliable, adequate								
water supply for the system. Required		water supply for t	he system. Required					
sprinkler systems are equipped with water		sprinkler systems	are equipped with water					
flow and tamper switches, which are		flow and tamper s	switches, which are					
electrically connected to the building fire			_					
alarm system. 19.3.5		·-						
Based on observation and interview, the K010056 K056 04/29/2013		Based on observ	ation and interview, the	K01	0056			04/29/2013
facility failed to ensure 1 of 1 sprinkler It is the practice of Pyramid Point		facility failed to	ensure 1 of 1 sprinkler					
systems was installed in accordance with to have a sprinkler system that is		systems was inst	alled in accordance with				t is	
installed to provide complete		•				·		
for the Installation of Sprinkler Systems. coverage for all portions of the building.		•					;	
							he	
Action for these residents who		*						
states the cumulative nonzontal length of			•					
an unsupported armover to a sprinkler, affected by the deficient		• •	•					
sprinkler drop, or sprig-up shall not practice?		sprinkler drop, o	r sprig-up shall not			_		
exceed 24 inches for steel pipe or 12 The sprinkler pipe in the North		exceed 24 inches	s for steel pipe or 12			_ =		
inches for copper tube. These deficient mechanical room was supported								
practices could affect any resident as well by a bracket on 4/26/13.		• •				by a bracket on 4/26/13.		
How other residents having the		•	-					
potential to be affected by the		as starr or visitor	.5.			-		
same deficient practice will be						-		
Findings include: identified and what corrective		Findings include	::				е	
action will be taken?								
Based on observation on 04/17/13 at 2:36 An inspection of the rest of the		Based on observ	ation on 04/17/13 at 2:36			·		
building did not identify any other steel sprinkler pipes that are over		p.m. with the Ma	aintenance Supervisor					
there was an unsupported steel armover 24" and that are not supported.		•	•					
sprinkler pipe which was over three feet What measures will be put into						T -		
place or what systemic		sprinkier pipe wi	men was over tillee leet			=		

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	OF CORRECTION OF CORRECTION 155298	(X2) MULTIPLE CC A. BUILDING B. WING	01	(X3) DATE SURVEY COMPLETED 04/17/2013
	PROVIDER OR SUPPLIER D POINT POST-ACUTE REHABILITATION CENTER	8530 To	ADDRESS, CITY, STATE, ZIP CODE DWNSHIP LINE RD APOLIS, IN 46260	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	in length located on the first floor in the North Mechanical room on Service hall. Based on interview on 04/17/13 at 2:33 p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned armover steel sprinkler pipe exceeded twenty four inches in length and was unsupported. 3.1-19(b)		changes will be made to ensure that the deficient practice does not reoccur? The maintenance department have been educated on the ne to support steel sprinkler pipes that are over 24". How the corrective action wi be monitored to ensure the deficient practice does not reoccur? ED or designee will monitor th steel sprinkler pipes that are of 24" for appropriate support. The will be completed weekly times four weeks and then monthly times 2 months. At this time if results are below a 95% thres the audits will become weekly until a 95% threshold is achieve The results will be reviewed by QAA committee monthly. Date to be completed 4/29/2013	e e e e e e over his s hold

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Event ID: FKKX21

Facility ID: 000195

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 01		COMPLETED			
		155298	B. WING			04/17/	2013
					ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER			8530 TC	OWNSHIP LINE RD			
PYRAMID POINT POST-ACUTE REHABILITATION CENTER			INDIAN	APOLIS, IN 46260			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL DECLE ATOMY OF LEGISLATION OF THE STATE OF T			ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX			PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION
		LSC IDENTIFYING INFORMATION)		IAG	DEFICIENCI)		DATE
TAG K010076 SS=E	NFPA 101 LIFE SAFETY CO Medical gas stora areas are protector NFPA 99, Standar Facilities. (a) Oxygen storag 3,000 cu.ft. are en separation. (b) Locations for standar NFPA 99 4.3.1.1. Based on observe facility failed to switches in the of where oxygen tra at least five feet 99, 1999 Edition Care Facilities, Serequires electrical storage locations 4-3.1.1.2(a)11d velectrical wall fire shall be installed less than five feet physical damage could affect 15 for	age and administration ed in accordance with ards for Health Care ge locations of greater than inclosed by a one-hour supply systems of greater are vented to the outside. 2, 19.3.2.4 ation and interview, the ensure 1 of 1 electrical exygen storage room, ansfer occurs, was located above the floor. NFPA is Standard for Health Section 8-3.1.11.2(f) al fixtures in oxygen is shall meet which requires ordinary extures in supply rooms in fixed locations not et above the floor to avoid in this deficient practice esidents, as well as staff exicinity of the oxygen	K01	0076	K076 It is the practice of Pyramid Poto store medical gas in accordance with NFPA 99. What corrective actions will It taken for those residents who have been found to have been affected by the deficient practice? The electrical fixture was move to more than five feet above the floor on 4/25/13. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? The other oxygen storage room was checked and that electrical fixture is appropriately placed. What measures will be put in place or what systemic changes will be made to ensure that the deficient	oint oe o n ed ie he ee	DATE 04/29/2013
	Based on observ	ation on 04/17/13 at 2:59			practice does not reoccur?		
	p.m. with the Ma	aintenance Supervisor,			The maintenance department was educated on the appropria	ate	
	there was one ele	ectrical light switch four			oddodiod on the approprie		

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Event ID: FKKX21

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/30/2013 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION OF CORRECTION 155298	(X2) MULTIPLE CC A. BUILDING B. WING	01	(X3) DATE SURVEY COMPLETED 04/17/2013
	PROVIDER OR SUPPLIER D POINT POST-ACUTE REHABILITATION CENTER	8530 T	ADDRESS, CITY, STATE, ZIP CODE DWNSHIP LINE RD APOLIS, IN 46260	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	5.112
	feet from the floor next to the entrance door inside the oxygen storage room on second floor, North 200 hall. Based on interview on 04/17/13 at 3:00 p.m. with the Maintenance Supervisor, it was acknowledged the electrical switch on the wall was less than five feet above the floor. 3.1-19(b)		placement of electrical fixtures oxygen storage areas. How the corrective action will be monitored to ensure the deficient practice does not reoccur? ED or designee will monitor the electrical fixtures in oxygen storage area for appropriate placement. This will be completed weekly times four weeks and the monthly times 2 months. At this time if results are below a 95% threshold the audits will be convectly until a 95% threshold is achieved. The results will be reviewed by QAA committee monthly. Date to be completed 4/29/2013	e eted hen is

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Event ID: FKKX21

Facility ID: 000195

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